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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		Not Yet Assigned	
	Filing Date			
	First Named Inventor		Edward J. Cheal	
	Title	TAPERED JOINT PROSTHESIS		
	Art Unit	N/A		
	Examiner Name	Not Yet Assigned		
Attorney Docket No.		APK-00201		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25181

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

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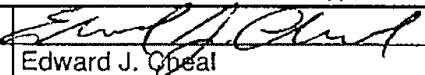
City		State		Zip	
Country		Telephone		Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/31/06
Name	Edward J. Cheal	Telephone	781-771-3673
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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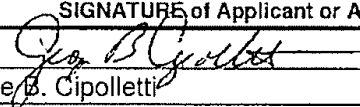
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/31/06
Name	George B. Cipolletti	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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